

June 28, 1974

Mr. Larry Jones, Manager  
Orkin Exterminating Co., Inc.  
1015 St. Louis  
Springfield, Missouri 65806

Dear Mr. Jones:

In answer to a citizen's complaint, personnel from our office made an inspection of your property at 1015 St. Louis. We found evidence of spillage of a white substance on your parking lot to the east of your building.

In our conversation with you we understood that this material was a 100:1 dilution of chlordane which is used in exterminating termites. You also indicated that this spillage occurred when your crews filled the tanks before leaving for a job.

We asked that you write a letter to this office indicating what measures would be taken to alleviate this problem. As of yet, this office has not received such letter.

Please contact this office as soon as possible indicating what you plan to do to correct this problem. If the filling operation is performed in the field, we ask that you stress to your employees that the utmost care be taken in filling so this problem does not recur.

If we may be of any assistance or can answer any questions, please do not hesitate to call.

Yours truly,

J. Randall Lyman  
Water Pollution Control Inspector  
Water Pollution Control Surveillance  
& Enforcement

JRL:cc

cc: Jim Burris, Regional Engineer, Missouri Clean Water Commission

1015 St. Louis

City of Springfield, Missouri  
CITIZENS' INFORMATION SERVICE

Control Number: HAP 52-5-74

Date Received: 5-23-74

Target Date for  
Correction/Investigation: \_\_\_\_\_

Abatement Date: \_\_\_\_\_

PART I

Name of  
Caller Colonial Bakery Employee

Location of  
Problem Orkin Exterminating Co

Address \_\_\_\_\_

1026 St Louis

Phone No. \_\_\_\_\_

PART II

Nature of Inquiry: Request for Service \_\_\_\_\_

Complaint ☒

Recommendation \_\_\_\_\_

Other \_\_\_\_\_

PART III

\*Topic:

during rainy season pesticide washes down  
the street

Received By: J. Allen

Referred To: 1) Harry Casswell

Department: Health (AP)

3) \_\_\_\_\_ 4) \_\_\_\_\_

PART IV

\*Reply:

Drafted By: \_\_\_\_\_

Date Citizen Advised: \_\_\_\_\_

Department: \_\_\_\_\_

By: Phone \_\_\_\_\_ Letter \_\_\_\_\_ Other \_\_\_\_\_

Acknowledgment Sent: \_\_\_\_\_

\*Attach additional sheets as needed

Form 001-CM (1-72)

1026 E. ST. LOUIS